

FAQ
STATEWIDE HEALTH IMPROVEMENT PROGRAM
Request for Proposals: Healthcare Interventions

Q: Do you have any information that billing for tobacco smoking cessation is covered by Medical Assistance (MA)?

A: Billing for tobacco smoking cessation is recognized by MA and is billable when the criteria are met. The [SHIP coding grid](#) for weight management and tobacco cessation counseling details the billing codes to use.

Q: Can tobacco cessation be billed as a stand-alone visit and do you know how that works?

A: It is reimbursable as a stand-alone office visit as long as you meet the requirements and criteria for MA billing. We will be working with various health plans to advocate that tobacco cessation is covered by all payers.

Q: Does the service have to be through a Primary Care Provider or can it be done through Community Health Providers?

A: Stand-alone office visits for smoking cessation need to be provided by the physician, physician assistant, nurse practitioner or other enrolled provider. Community Health Workers can now provide some level of counseling as well, but coding would be different and the reimbursements will be lower.

Q: When you are talking about the three areas of the project, are you referring to the prevention and treatment of childhood obesity, adult obesity and tobacco cessation?

A: Yes, those are the three approaches to the RFP.

Q: We have a different grant on adult obesity, can we divide the program into the two grants and can we use the same approach and reporting we already have in place?

A: You can use any successful approach and reporting that exists in your organization or create a new one. You need to name it differently to fit our program and give a description of your approach and reporting in your proposal. MHD funding should be used to make a unique contribution to adult obesity per the RFP.

Q: In the event that we are awarded the grant, can we do the same tracking, reporting and serve the same population or does it have to be separate for SHIP and GE grant?

A: Direct services to patients are not allowed with SHIP grant money. SHIP dollars can be used to make system and policy changes that enable the grantee to systematically identify, counsel, and refer patients to community resources.

Q: We are considering having television in the waiting areas of our clinics, would this be allowable expense?

A: This expense is allowable as are promoting, marketing and trainings linked to the proposed program. Allowed and not allowed expenses from this grant are given on top of page 9 of the [RFP](#).

Q: What does the term “sugar sweetened beverage reduction campaign at site” mean?

A: It means promoting the to-be-developed sugar sweetened beverage reduction campaign at your site and perhaps also making worksite changes to discourage staff consumption of sugar sweetened beverages (reviewing vending machine policies, etc.).

Q: If we already have these programs in place, are there limits to the billable services?

A: As long as these programs are within the SHIP guidelines there are no limits. Your proposal should be able to show what your organization can do above and beyond what you already have in place and indicate what is going to happen with the implementation of these programs.

Q: Would this program support staffing, developing a curricula and activities that patients can practice at home?

A: The fund cannot be used for curriculum development unless you are able to show that the particular curriculum does not exist. Check the [RFP](#) resources page for existing curriculum.

Again, staff time cannot be used for curriculum development, but it can be used for program planning, curriculum selection--basically all of the behind the scenes work that takes place.

Q: When all providers are engaged to self-identify patients, utilize strategies, community health workers, coordinators, follow-up, culturally appropriate services, do you expect it to grow into multi-language process?

A: This is the 1st RFP of its kind and it would be reasonable to have a target population group for additional services as long as there is a clinic wide systematic approach to the identification, counseling and referrals for tobacco cessation and/or obesity.

Q: Would the fund pay for evaluators?

A: We don't expect you to hire evaluators. Your organization should be able to measure and qualitatively report; unduplicated population served by age, race, ethnicity; patients who self-pay, who use public or commercial insurance; patients who use tobacco, specific data on child/adult obesity; percentage of patients assessed, counseled and referred. The Minneapolis Health Department will work with funded clinics to qualitatively assess additional strategies.

Q: How many applications do you expect and who are the reviewers?

A: We don't know how many proposals we might receive.

The reviewers are composed of internal staff and we may include one reviewer from the Community Leadership Team we work with.

Q: What are the criteria to choose the Grantee?

A: The criteria are reflected in the questions that we are asking respondents to answer. The proposals that reflect the ability to develop, implement and sustain the RFP program with a larger reach, comprehensive flexible approach, ability for system change, innovation and qualitative reporting systems will be selected.

Questions received through health@minneapolismn.gov

1. We would like to include a one-page logic model with our application. We're thinking that the logic model would need to be included in the six-page limitation for the proposal narrative, as well as all other attachments such as letters of support. Could you confirm?

The logic model would need to be included in the six page narrative. Letters of support are not requested or required.

2. We have a few questions about item 7 of the proposal narrative. 1) Is the required data to be collected for our entire patient population, or for project participants only? 2) We plan to propose a project for the adult obesity and childhood obesity project types. Would we also be required to collect data for the number of patients who use tobacco?

- 1) The data in item 7 should be collected for your overall patient population. Qualitative data about the program will be collected for project participants.
- 2) If you are not proposing a tobacco cessation project you do not need to report on the number of patients who use tobacco.

3. For the Project Narrative bullet point 6, would it be acceptable to present this response in the form of a work plan table in 10 point font, rather than a narrative?

Yes.

4. For the supplemental strategies, we're hoping that you could define "level of connectedness."

As the Minneapolis Health Department does not have a specific tool to measure social connectedness, you can select a definition and or instrument that best meets your needs. The Minnesota Student Survey has several social connectedness questions for students as does the Hennepin County SHAPE Survey (family meals, etc.).

As an example of social connectedness, the SAMSHA Center for Mental Health Services requires reporting on the following instrument:

Please indicate your disagreement/agreement with each of the following statements. Please answer for relationships with persons other than your mental health provider(s) over the past 30 days.

1. I am happy with the friendships I have.
2. I have people with whom I can do enjoyable things.
3. I feel I belong in my community.
4. In a crisis, I would have the support I need from family or friends.

Adolescent connectedness is often measured with the "Hemingway Scale." This can be found at www.adolescentconnectedness.com.

A website that discusses and links to several measures of connectedness is <http://www.copmi.net.au/research/evidence-evaluation/young-people/connectedness.html>.